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| SERIAL NUMBER 09/021,890 | FILING DATE 02/11/98 | CLASS 073 | GROUP ART UNIT 2856 | ATTORNEY DOCKET NO. 16972/96359 |
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APPLICANT

MO
MICHAEL BOLES, HALLSVILLE, MD; JOHN C. FISCHER, MARIETTA, GA.

CONTINUING DOMESTIC DATA***
VERIFIED None
MD

371 (NAT'L STAGE) DATA***
VERIFIED the
MD

FOREIGN APPLICATIONS***
VERIFIED the
MD

FOREIGN FILING LICENSE GRANTED 04/17/98 ***** SMALL ENTITY *****

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|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY MD-M | SHEETS DRAWING 6 | TOTAL CLAIMS 54 | INDEPENDENT CLAIMS 4 |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|--------------------|-------------------------|

ADDRESS

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TITLE

METHOD AND APPARATUS FOR MEASURING THE QUANTITY OF OUTDOOR AIR PROCESSED BY AN AIR PRECONDITIONING MODULE

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|------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE RECEIVED \$810 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|